

17 Feb

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/663,140 Confirmation No.: 3993  
Applicants : Christine HENRY, and Laurence GRAINDORGE  
Filing Date : 9/16/2003  
Title : ACTIVE IMPLANTABLE MEDICAL DEVICE OF THE DEFIBRILLATOR,  
CARDIOVERTOR AND/OR ANTITACHYCARDIA PACEMAKER TYPE,  
HAVING A HIGH MAXIMUM FREQUENCY FOR ANTIBRADYCARDIA  
STIMULATION  
Group Art Unit : 3762  
Examiner : KRAMER, Nicole R.  
Docket No. : 8707-2163  
Customer No. : 34313

Mail Stop: AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an Amendment And Response in the above-identified application, responsive to USPTO Official Action dated December 27, 2005.

Applicants hereby petition for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
<input type="checkbox"/> four months	\$740.00	\$1,480.00
<input type="checkbox"/> five months	\$1,005.00	\$2,010.00
Fee		\$110.00

ORIGINAL

CERTIFICATE OF MAILING  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on April 14, 2006 with the United States Postal Service, having sufficient postage affixed, as first class mail in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: April 14, 2006

DOCSNY1:1205489.1

Sharon B. Leachman

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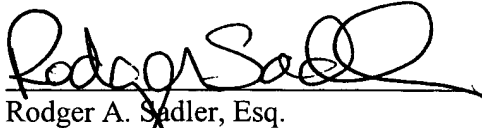
☐ If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 110.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	-	3	=	3	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>				\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>							\$0.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>							\$0.00
Extension of Time (from above)							\$0.00
Assignment -- \$40 (if applicable) <input type="checkbox"/>							\$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>							\$0.00

Dated: April 14, 2006

By:   
Rodger A. Sadler, Esq.  
Reg. No. 51,315  
Attorney for Applicant  
212-506-5053 Telephone  
212-506-5151 Facsimile

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Attn.: Docket Dept.